State of Louisiana Office of Financial Institutions Baton Rouge, Louisiana www.ofi.state.la.us

REPOSSESSION AGENT/APPRENTICE APPLICATION INSTRUCTIONS

A Repossession Agent Application must be submitted for each person who meets the definition of a Repossession Agent.

LAC 10:XV.1301 defines Repossession Agent as follows: "an individual who physically obtains possession of collateral for a secured party and engages in business or accepts employment to locate or recover collateral registered under the provisions of the Louisiana Vehicle Certificate of Title Law, R.S. 32:701 et seq, which has been sold under a security agreement or used as security in a loan transaction. Included in this definition are secured creditors' employees who repossess collateral pursuant to the "Additional Default Remedies Act."

LAC 10:XV.1303.E.3 states" "No repossession agency shall sponsor more than one apprentice for every two licensed repossession agents at any one time."

ATTACHMENTS:				
	FEES: \$400 application fee \$50 fingerprint processing fee			
	APPLICATION: Complete application signed by an authorized company representative and notarized			
	AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES FORM: This form must be completed and signed by each Repossession Agent/apprentice applicant, and notarized. Information contained in this document is kept confidential.			
	FINGERPRINT CARDS: Include 2 copies			
	Louisiana State Police Criminal Identification and Information Form. Louisiana State Police will not process incomplete forms. Incomplete forms will be returned. (Form included with application.)			
	PROOF OF EMPLOYMENT: Submit evidence of 2 years experience as a repossession agent or apprentice within the previous three years as per LAC 10:XV. 1303(D)(d). Each year of experience shall consist of at least 1,000 hours of actual compensated work performed by the applicant with a repossession agency preceding the filing of an application. An applicant shall substantiate the claimed hours of qualifying experience by providing an IRS form W-2 and the exact details as to the character and nature of duties by written certifications from the employer as per LAC 10:XV. 1303(F).			

REPOSSESSION AGENT/APPRENTICE APPLICATION

(Signature of Notary Public)	(Print name of Notary Public)	
(City) (State)		
at,	day of	, 20,
Before me, the undersigned authority, personal who, first being duly sworn, declared under oath that he (Company Name) foregoing registration are true and correct to the best of	e/she is the (Title)	of
PARISH OR COUNTY OF		
STATE OF		
,	* * * * * * * * * * * * * * * * * * *	
(Signature of authorized Company Representative)	(Print Name and Title)	
Signed this day of	, 20	
in repossession activities for this company. I further aff		company's surety bond.
will be acting on the company's behalf as a Repossession		
is a/an womer W-2 employee of (Comp		
I hereby affirm or attest that		
	ER CERTIFICATION ue authorized employer represe	entative)
Apprentice		
5. Type of License: Repossession Agent		
4. Submit a W-2 statement verifying employmer previous three years.	nt as a Repossession Agent of Ap	pprentice for two within the
4. Submit a W.2 statement varifying ampleymen	at as a Rangesessian Agant or As	annantiae for two within the
3. Submit your work experience and residential	address. (See attachment RA-1)	
(a) Name of Employer : (b) Municipal Address of Main Office:		
Phone Number: Business ()		
1. Complete Name of Applicant:		

CONFIDENTIAL

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES								
Name:	Social Security #:							
	Drivers License #:							
	(Attach a legible copy)							
Home Address, City, State, Zip Code:								
Date of Birth:	Home Telephone No:							
244 0121411	Tomo Totophono I (o.							
Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.								
Have any civil judgments been entered against you during	() Yes, attach explanation () No							
the past 10 years?	() 100,							
Are there any civil proceedings pending against you or civil	() Yes, attach explanation () No							
judgments entered against you which involve fraud or								
dishonesty? Have you ever been convicted of, plead guilty to, or entered	() Yes, attach explanation () No							
a plea of Nolo Contendere (no contest) to a felony,	() 103, attach explanation () 110							
including any which may have been expunged, set aside or								
for which you received a first offense pardon?	() Verential content () Ve							
Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to any misdemeanor	() Yes, attach explanation () No							
involving theft, fraud, or dishonesty, including any which								
may have been expunged, set aside or which you received a								
first offense pardon?								
Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or	() Yes, attach explanation () No							
any similar proceeding?								
Have you been refused a license or permit to do business	() Yes, attach explanation () No							
under the provisions of a similar law or subject to any								
enforcement proceedings by any State or Federal government agency involving the revocation or suspension								
of any business license or permit, fines or penalties?								
Have you been discharged for cause or been requested to	() Yes, attach explanation () No							
resign from any employment position?								
	uiries from any financial institution, credit bureau or law							
enforcement agency for the purpose of determining his								
connection with an application for a license or registral I hereby certify that the information on this form, to the	aliuli.							
1 hereby certify that the information on this form, to the	the best of my knowledge, is complete and accurate.							
	Signature							
SUBSCRIBED BEFORE ME ON THIS	_day of, 20							
AT:(CITY)								
(CITY)	(STATE or COMMONWEALTH)							
	GYOYL TYPE OF YOU AND THE TOTAL OF							
PRINT NAME OF NOTARY PUBLIC:	SIGNATURE OF NOTARY PUBLIC:							

Louisiana State Police **Bureau of Criminal Identification and Information** Baton Rouge, Louisiana

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY

****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION**** ****PLEASE PRINT**** Louisiana Office of Financial Institutions Robert F. Brian FACILITY OR AGENCY FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE P.O. Box 94095 MAILING ADDRESS SIGNATURE OF AUTHORIZED REPRESENTATIVE 70804 (225) 925-4660 Baton Rouge, Louisiana STATE ZIP CODE FACILITY OR AGENCY PHONE NUMBER CITY **Request For: (pick one only)** □ ADULT DAY CARE □ MEDICAL EXAMINERS □ ADULT RESIDENTIAL □ NURSING HOME □ ALCOHOL AND BEVERAGE COMMISSION □ OCS FOSTER/ADOPTIVE □ ALCOHOL BEVERAGE OUTLET □ OCS PERSONNEL □ AMBULANCE SERVICE **⊠OFFICE OF FINANCIAL INSTITUTIONS** □ CASA □ OFFICE OF PUBLIC HEALTH □ CONCEALED HANDGUNS □ PHARMACY BOARD □ CRIMINAL JUSTICE EMPLOYEE □ POSTSECONDARY EDUCATION □ DAYCARE □ PRACTICAL NURSING □ DENTISTRY BOARD □ PRIVATE ADOPTION □ DEPARTMENT OF LABOR □ PRIVATE INVESTIGATORS □ DEPARTMENT OF PUBLIC SAFETY □ PRIVATE SECURITY □ EMPLOYERS □ PUBLIC HOUSING □ PUBLIC TAG AGENT □ FIREFIGHTERS □ GAMING □ REGISTERED NURSING □ HOME HEALTH AGENCY □ RELIGIOUS ACTIVISTS □ HOSPICE □ RIVERBOAT PILOTS □ IMMIGRATION □ SCHOOL □ INTERMEDIATE CARE FACILITY FOR □ SENATE AND GOVERNMENTAL AFFAIRS MENTALLY RETARDED □ TAXI DRIVERS □ JUVENILE DETENTION CENTER □ USED MOTOR VEHICLE COMMISSION □ DEPARTMENT OF INSURANCE □ VOLUNTEERS WORKING WITH CHILDREN □ MANUFACTURED HOUSING APPLICANTS FULL NAME: ****PRINT - USE INK**** LAST FIRST MIDDLE {INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE} APPLICANTS SIGNATURE: APPLICANTS SOCIAL SECURITY # _ _ - _ - DATE OF BIRTH: _ / _ / _ _ DRIVERS LICENSE #_____ & STATE ____ RACE ___ SEX ___ TYPE OF OFI LICENSE APPLIED FOR AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

Attachment [RA-1]

EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 5 YRS									
Explain any gaps in work history. (Attach additional sheets, if necessary)									
NAME:									
Employer Name and Address	Position/Brief Description of Duties	Start Date	End Date	Reason for Leaving					
LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS									
NAME:									
			Start Date	End Date					
Residential Address			Start Date	End Date					

LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS

8660 United Plaza Boulevard, 2nd Fl. Baton Rouge, LA 70809 (225) 925-4660

FINGERPRINT CARD INFORMATION

Act 236 of the 2006 Regular Session of the Louisiana Legislature amended LSA-R.S. 6:121.2 effective June 2, 2006. This section authorizes the Commissioner of Financial Institutions to request and obtain state and national criminal history record information on any person applying for any license with the Office of Financial Institutions, as well as require any applicant for any license to submit two full sets of fingerprints in a form or manner prescribed by the Commissioner as a condition of the Commissioner's consideration of their application.

WHO MUST SUBMIT FINGERPRINT CARDS

1) Owner(s): Sole Proprietors; partners and general partners, if partnership; trustees; members and general members, if an LLC; and 10% or greater equity owners.

2) Director(s): All directors.

3) Officer(s): Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, President, Executive Vice President(s), Corporate Secretary, Treasurer, or individuals of similar status or function.

4) Repossession Agents: Includes Qualifying Agent and any Agents or Apprentices that are applying for a license.

NOTE: Louisiana residents or persons listed in Question 16 of the Uniform Application who have had a license since June 2001 are not required to submit fingerprint cards at this time.

WHAT MUST BE SUBMITTED

- 1) Two original Form FD 258 fingerprint cards, or equivalent, which can be obtained from your local law enforcement office. The form on these cards must be **completely** filled out. Louisiana State Police will not process incomplete cards. Incomplete cards will be returned.
- 2) \$50 nonrefundable criminal background processing fee made payable to the Office of Financial Institutions. (This fee is in addition to the application fee.)
- 3) Completed Authority to Obtain Information from Outside Sources form, signed and notarized (included in application package).
- 4) Completed Louisiana State Police Bureau of Criminal Identification and Information Form, signed and notarized (included in application package). Louisiana State Police will not process incomplete forms. Incomplete forms will be returned.

IMPORTANT NOTICE

Applicants submitting fingerprint cards that are smudged or unreadable will be required to resubmit new cards. This will add to the processing time of the application.